

## DO/EO WORKSHEET

Paralegal/ National Stage Division

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1 519367

International Appl. No.

EP03/05736

Application filed by: ☒ 30 months

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## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

- ☒ International Application ☐ Request form PCT/RO/101  
☐ Article 19 Amendments ☐ PCT/ISA/210 - Search Report  
☐ PCT/IB/331 ☐ Search Report References  
☒ PCT/IPEA/409 IPER (PCT/IPEA/416 on front) ☐ PCT/IB/306 - Notification of a Change  
☐ Annexes to 409 (Article 34 Amendment) ☐ Other: \_\_\_\_\_  
☒ Priority Document (s) No. \_\_\_\_\_

## RECEIPTS FROM THE APPLICANT:

- ☒ Basic National Fee (or authorization to charge) ☒ Preliminary Amendment(s) Filed on :  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
☒ Description ☒ Information Disclosure Statement(s) Filed on :  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
☒ Claims ☐ Assignment Document (forwarded to Assignment Branch)  
☒ Drawing Figure(s) - (# of dwgs. L) ☐ Assignee PG Publication Notice  
☐ Translation of Article 19 Amendments ☒ Substitute Specification Filed on :  
☐ entered ☐ not entered : 1. \_\_\_\_\_ 2. \_\_\_\_\_  
☐ not a page for page substitution  
☐ replaced by Article 34 Amendment ☐ Verified Small Status Statement (executed)  
☐ Translation of Annexes to 409 ☒ Oath/ Declaration (executed)  
☐ entered ☐ not entered : ☐ surcharge was paid at the time of filing  
☐ not a page for page substitution ☐ DNA Diskette ☐ Sequence Listing  
☐ other: \_\_\_\_\_ ☐ Other: 1. \_\_\_\_\_  
☐ Application Data Sheet ☐ Other: 1. \_\_\_\_\_  
☐ Power of Attorney ☐ Change of Address

NOTES: ☐ LA used as Specification ☐ Other:

35 U.S.C. 371 - Receipt of Request

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371(c)(1), (c)(2) and (c)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 909 - Notification of Abandonment

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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing	<input checked="" type="checkbox"/>	<u>22 Dec 04</u>	\$ <u>100.00</u>							
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<input type="checkbox"/> Other	<input type="checkbox"/>		\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>							
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">7</td> <td style="width: 20px;">9</td> </tr> </table>		1	9	--	2	1	7	9
1	9	--	2	1	7	9				
10. REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: _____		TITLE: _____								
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